# FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1283527	1

OMB APPROVAL

OMB Number:

r: 3235-0076 December 31, 1996

Expires: December 3
Estimated average burden

SEC USE ONLY							
Prefix	Serial						

Name of Offering (☐ check if	this is an amendment and nan	ne has changed, and it	ndicate change.)		
Pacific Castle Long Beach, L.					
Filing Under (check box(es) th	at apply):   Rule 504	Rule 505 🗵 Rule	e 506 🗆 Section	on 4(6) ULOE	
Type of Filing:  New Filing	g □ Amendment				
	- A	A. BASIC IDENT	IFICATION D	ATA	
1. Enter the information reques	sted about the issuer				
Name of Issuer ( check if thi	s is an amendment and name	has changed, and indi	cate change.)		
Pacific Castle Long Beach, L.	P		<del></del>		
Address of Executive Office		treet, City, State, Zip (	Code)		Including Area Code)
18662 MacArthur Boulevard,				949-475-4588	
Address of Principal Business (		Street, City, State, Zi	p Code)	Telephone Number (	Including Area Code
(if different from Executive Of	fices)			}	Let Marco John
Brief Description of Business	<del></del>			-l	MAR 1 1 2004
Investment in commercial rea	il estate.				2000 000 77 == -0.
					PROCESSE
Type of Business Organization					101 101
☐ corporation		ip, already formed	other (	please specify):	MAR 12 2004
☐ business trust	☐ limited partnershi	ip, to be formed			
			**		THOMSON FINANCIAL
A A sala a Data at a I Data a CI sa		Month	Year		ſ
Actual or Estimated Date of Inc		[0][2]	[0][4]		imated
Jurisdiction of Incorporation or	-	-letter U.S. Postal Ser		for State:	[ C ][ A ]

# **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



#### 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) Pacific Castle Equity II, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 18662 MacArthur Boulevard, Suite 475, Irvine California 92612 ⊠ Beneficial Owner ☑ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cheng, Wayne Business or Residence Address (Number and Street, City, State, Zip Code) 18662 MacArthur Boulevard, Suite 475, Irvine California 92612 ☑ Beneficial Owner □ Director Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cheng, Tina Business or Residence Address (Number and Street, City, State, Zip Code) 18662 MacArthur Boulevard, Suite 475, Irvine California 92612 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Fuiii. Raymond Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pacific Castle Equity II, Inc., 18662 MacArthur Boulevard, Suite 475, Irvine California 92612 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Diversified Long Beach, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Lon T. Stephens, Esq., 5000 Birch Street, Suite 410, Newport Beach, California 92660 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) JC Pacific Family Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pacific Castle Equity II, Inc., 18662 MacArthur Boulevard, Suite 475, Irvine California 92612 ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Lin, Charlotte Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pacific Castle Equity II, Inc., 18662 MacArthur Boulevard, Suite 475, Irvine California 92612\_

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.

Each general and managing	ng partner of partne	ership issuers.		•	
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, i	f individual)				
The Chao Family LLC Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)			
c/o Pacific Castle Equity II,			5, Irvine California 92612		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Diamond Crown Investmen					
Business or Residence Addre		treet, City, State, Zip Code)		<del></del>	
c/o Pacific Castle Equity II,					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, i	f individual)	<del> </del>			
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, i	if individual)				<u> </u>
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)	<u> </u>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, i	f individual)				<del></del>
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
				<del> </del>	<del> </del>

					B. IN	FORMA	TION A	BOUT C	FFERIN	IG					
1.	Has the issu	er sold, or	does the i	ssuer inter	nd to sell,	to non-acc	credited in	vestors in	this offeri	ng?				Yes	No X
	Answe	r also in A	ppendix, (	Column 2,	if filing u	nder ULO	E.								
2.	What is the	minimum	investmer	it that will	be accept	ed from a	ny individ	ual?						\$ <u>100</u>	,000
2	Danatha a	·			C!1-	14								Yes	
3.	Does the off													X	
4.	Enter the inf similar remu an associated or dealer. I information	neration for l person of f more the	or solicita r agent of an five (5	tion of pur a broker o ) persons	rchasers ir r dealer re	connection	on with sa vith the SI	iles of secu EC and/or	urities in the with a stat	ne offering e or states	g. If a per , list the n	son to be ame of the	listed is e broker		
Ful	ll Name (Last	name first	t, if indivi	dual)											
Bu	siness or Resid	lence Add	ress (Nur	nber and S	Street, City	, State, Zi	ip Code)								
Na	me of Associa	ted Broke	r or Deale	r					· ····································					<del> </del>	
Sta	ites in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	urchasers								
		(Check	"All State	es" or chec	k individu	ual States)		••••				************	••••••	□ All S	tates
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[СА] [КҮ] [NЛ] [ТХ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Fu	Il Name (Last	name first	, if individ	lual)			<del></del>								
Bu	siness or Resid	dence Add	lress (Nur	nber and S	Street, City	, State, Z	ip Code)								
Na	me of Associa	ted Broke	r or Deale	r					<del></del>		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Sta	ites in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	urchasers					<del></del>			
	(Check "All S	States" or	check indi	vidual Sta	tes)						••••••			□ All S	tates
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Fu	ll Name (Last	name firs	t, if indivi	dual)											
Bu	siness of Resid	dence Add	lress (Nur	nber and S	Street, City	y, State, Z	ip Code)				<u></u>	<del></del>	<del> </del>		
Na	me of Associa	ted Broke	r or Deale	r						- <u></u>			<del> </del>		
Sta	ate in Which P	erson Liste	ed Has So	licited or I	ntends to	Solicit Pu	rchasers			·					
	(Check "All S	States" or	check indi	vidual Sta	tes)				······					□ All S	tates
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD] (Use	[AR] [KS] [NH] [TN] blank she	[CA] [KY] [NJ] [TX] et, or cop	[CO] [LA] [NM] [UT] by and us	[CT] [ME] [NY] [VT] e addition	[DE] [MD] [NC] [VA] nal copies	[DC] [MA] [ND] [WA] s of this s	[FL] [MI] [OH] [WV] heet, as n	[GA] [MN] [OK] [WI] secessary	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE Enter the aggregate offering price of securities included in this offering and the total amount already so	old.	PROCEEL	<u>s</u>	
	Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	and			
			ggregate	Am	ount Already
	Type of Security		fering Price		Sold
	Debt		<del></del>		<del></del>
	Equity	\$_		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)				
	Partnership Interests				
	Other (Specify: )				
	Total	\$	12,000,000	\$	10,395,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number <u>Investors</u>		Aggregate ollar Amount of Purchases
	Accredited Investors		14	\$_	10,395,000
	Non-accredited Investors		0	\$_	0
	Total (for filings under Rule 504 only)			\$	
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering		Type of Security		ollar Amount Sold
	Rule 505			\$_	
	Regulation A			\$_	
	Rule 504			\$_	
	Total		<del> </del>	\$_	
4. a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs	•••••	🗆	\$_	5,000
	Legal Fees	• • • • • • • • • • • • • • • • • • • •		\$_	120,000
	Accounting Fees		🗆	\$_	
	Engineering Fees	• • • • • • • • • • • • • • • • • • • •	🗆	\$_	
	Sales Commissions (specify finders' fees separately)		🗆	\$	
•	Other Expenses (identify)			\$_	
	Total			s –	125,000
				_	<del></del>

_	C. OFFERING PRICE, N	UMBER OF INVE	STORS, EXP	ENSES ANI	USE OF PROC	CEED	S
b.	Enter the difference between the aggregate off and total expenses furnished in response to Par gross proceeds to the issuer."	t C - Question 4.a. T	his difference is t	the "adjusted		•••••	.\$10,270,000
•	Indicate below the amount of the adjusted gro proposed to be used for each of the purpose furnish an estimate and check the box to the l equal the adjusted gross proceeds to the issuer	s shown. If the amo eft of the estimate. T	ount for any pur the total of the pa	pose is not kr ayments listed	nown,		
				_	Payments to Officers Directors, & Affiliates		Payments to Others
	Salaries and fees				\$		\$
	Purchase of real estate		••••••		\$	_	\$10,000,000
	Purchase, rental or leasing and installation of	machinery and equipt	nent		\$		\$
	Construction or leasing of plant buildings and	facilities			\$		\$
	Acquisition of other businesses (including the	value of securities in	volved in this				
	offering that may be used in exchange for the	assets or securities of	another issuer		\$		\$
	pursuant to a merger)						
	Repayment of indebtedness		•••••		\$		\$
	Working capital			🗆	\$	X	\$ 270,000
	Other (specify):				\$		\$
					\$		\$
	Column Totals				\$	X	\$ 10,270,000
	Total Payments Listed (column totals added).		•••••		X	\$	10,270,000
_		D. FEDER	AL SIGNATUI	RE			
igr	issuer has duly caused this notice to be signed that ature constitutes an undertaking by the issuer to any non-accommation furnished by the issuer to any non-accommation.	by the undersigned of furnish to the U.S.	duly authorized p Securities and E	person. If this exchange Com-	mission, upon writt		
Is:	suer (Print or Type)	Signature		·	Date	1	
	acific Castle Long Beach, L.P.	in	~~	$\sim$	3	5/3	3/04
	ame of Signer (Print or Type)  Vayne Cheng	Title of Signer  President of		Partner (P	/ acific Castle Eq	uity	II, Inc.)
-							

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262(c), (d), of such rule?	(e) or (f) presently subject to any of the disqualification provisions  Yes No						
	See	e Appendix, Column 5, for state response						
2.	The undersigned issuer hereby undertakes to fur (17 CFR 239.500) at such times as required by sta	rnish to any state administrator of any state in which this notice is filed, a notice on Form D ate law.						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		er is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited that this notice is filed and understands that the issuer claiming the availability of this exemption as have been satisfied.						
	e issuer has read this notification and knows the coly authorized person.	ontents to be true and has duly caused this notice to be signed on its behalf by the undersigned						
Is	ssuer (Print or Type)	Signature Date						
P	Pacific Castle Long Beach, L.P.	Jan n 3/8/04						
N	Name (Print or Type)	Title (Print or Type)						
\ \	Wayne Cheng	President of the General Partner (Pacific Castle Equity II, Inc.)						

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ								ļ		
AR										
CA		X	Limited Partnership Interests (\$12,000,000)	14	\$10,395,000	0	\$0		X	
СО										
СТ										
DE										
FL						<u> </u>				
GA	· · · · · · · · · · · · · · · · · · ·							·	ļ	
HI										
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IL									ļ	
IN						<u> </u>		<u> </u>	<u> </u>	
IA										
KS						<u> </u>	<del> </del>	 		
KY						 			ļ	
MA										
ME									<del>  </del>	
MD									<del> </del>	
MI MN						) 				
MS			<del></del>				<del> </del>	ļ	<del> </del>	
MO									<del>                                     </del>	
MT						<u> </u>		<u> </u>		
NE										
NV										

i 2 3 4 Disqualification under State Type of security and aggregate Intend to sell ULOE Type of investor and amount purchased in State (if yes, attach explanation of to nonoffering price accredited offered in state (Part C-Item 2) waiver granted) investors in (Part C-Item 1) (Part E-Item 1) State (Part B-Item 1) Number of Number of Accredited State Yes No Amount Non-Amount Yes No Investors Accredited Investors NH NJ NM NY NC ND OH OK OR PA RΙ SCSDTN TXUT VA